

ORIGINAL

TO BE RETURNED TO THE UNEMPLOYMENT COMPENSATION COMMISSION, TRENTON, NEW JERSEY

STATE OF NEW JERSEY UNEMPLOYMENT COMPENSATION COMMISSION				FORM NO. U. C. 18A EMPLOYER'S REPORT OF WAGES PAYABLE TO INDIVIDUAL EMPLOYEES								
1. EMPLOYER'S NAME, ADDRESS, AND REGISTRATION NUMBER				2. FOR THE QUARTER ENDED March 31, 1941 DUE IN THE OFFICE OF THE COMMISSION NOT LATER THAN April 30, 1941		3. EMPLOYER'S REGISTRATION NO.						
PERCY SIMON, t/a NEWARK EAGLES BASEBALL CLUB 156 SPRUCE STREET NEWARK, NEW JERSEY 23153				DO NOT WRITE IN THIS SPACE		4. SHEET NO. _____ OF _____ SHEETS 5. TOTAL NUMBER OF EMPLOYEES LISTED ON THESE SHEETS:						
Do Not Use This Space	6. EMPLOYEE'S SOCIAL SECURITY ACCOUNT NUMBER			7. NAME OF EMPLOYEE (Please Typewrite or Print in Ink)		8. Indicate Other Remun- eration		9. TOTAL WAGES PAYABLE Up to and including the first \$3,000.00		10. TOTAL WAGES PAYABLE In Excess of \$3,000.00		11. SEPA- RATION DATE
	000	00	0000			*	Dollars	Cents	Dollars	Cents		
						Enter in this space an asterisk (*) to indicate that the amount of total wages payable includes other remuneration in something other than cash (such as Board and Room, Lodging, etc.) which is in addition to money wages.						
12. TOTALS FOR THIS SHEET—Total Wages Payable.....							\$		\$			
13. TOTAL OF ALL WAGES PAYABLE LISTED ON ALL SHEETS OF THIS RETURN												
A. UP TO THE FIRST \$3000.00.....							\$					
B. IN EXCESS OF \$3000.00.....							\$					
C. TOTAL OF ITEMS 13A AND 13B.....							\$					
14. I certify that the information contained in this report and the sheets attached hereto is true and correct, and that the wages reported represent all wages payable to each employee for employment in pay periods ended in this quarter.							Date: _____ Signature _____Official Position					

Read instructions on the reverse side of the duplicate before filling out this form.